

**Neighborhood Services**  
 Rental Housing: 301-258-6340  
 Fax: 301-258-6174

## MULTI-FAMILY RENTAL FACILITY LICENSE APPLICATION

**\$100 per unit**

In accordance with Chapter 13 of the City Code

TAX ACCOUNT # \_\_\_\_\_ LICENSE # (office use only) \_\_\_\_\_

All questions must be answered. Print clearly in ink or use typewriter. This form must be signed by the owner of the rental facility. All telephone numbers provided must be those at which the specified individual may be contacted weekdays between 8:30 a.m. and 4:30 p.m.

### I. NAME OF RENTAL FACILITY

A. NAME \_\_\_\_\_

*If a name does not exist, write **none**.*

Address \_\_\_\_\_

B. EMERGENCY PHONE NUMBER for evenings and weekends: ( \_\_\_\_\_ )

### II. LOCATION OF RENTAL FACILITY

List every building address and apartment number for the entire rental facility. If more space is needed, attach additional sheets.

#### Street Address

#### Apartment Numbers

*Example: 101 License Lane*

*101, 102, 103, 104*

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### III. NUMBER OF UNITS

A. \_\_\_\_\_ Buildings

B. \_\_\_\_\_ Entryways

C. \_\_\_\_\_ TOTAL NUMBER OF UNITS LISTED in Section II

D. \_\_\_\_\_ TOTAL NUMBER OF RESIDENTIAL DWELLING UNITS at the rental facility, including those which may be occupied by employees. Exclude units occupied by the owner, model apartments used exclusively for business purposes, such as the resident manager's office, display apartments, workshops, etc.

- E. If the total number of units in Section III C differs from the total number of residential dwelling units in Section III D, then list the BUILDING ADDRESS AND APARTMENT NUMBER FOR EACH NONRESIDENTIAL UNIT and provide an explanation for the exclusion. Attach additional sheets, if necessary.

Street Address	Apt. No.	Reason for Exclusion
<i>Example: 101 License Lane</i>	<i>101</i>	<i>Resident Manager's Office</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### IV. FORM OF OWNERSHIP OF RENTAL FACILITY

- ☐ **SOLE PROPRIETORSHIP**  
Property is owned by one individual or by husband and wife. **If this box is checked, go to question V. A.**
- ☐ **PARTNERSHIP** (General Partnership, Joint Venture, Limited Partnership, etc.)  
Property is owned by two or more individuals, two or more corporations, or a combination of legal entities recognized by Maryland Laws as able to do business as a partnership. **If this box is checked, go to question V. B.**
- ☐ **CORPORATION**  
Property is owned by a firm doing business as a corporation, and legally chartered or registered to conduct business in the State of Maryland. **If this box is checked, go to question V. C.**
- ☐ **TRUST**  
Trust or other form of fiduciary relationship. **If this box is checked, go to question V. D.**

#### V. NAME OF OWNER

Complete A, B, C, or D as appropriate. Provide the full name(s) of the individual or husband and wife who owns this property. Give the current residential address and telephone number(s) of the owner(s).

##### A. SOLE PROPRIETORSHIP

- ☐ **Individual**  
Name (first, middle, last) \_\_\_\_\_  
Residential street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_
- ☐ **Husband** in case of husband/wife ownership  
Name (first, middle, last) \_\_\_\_\_  
Residential street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_
- ☐ **Wife** in case of husband/wife ownership  
Name (first, middle, last) \_\_\_\_\_  
Residential street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

B. PARTNERSHIP (General Partnership, Joint Venture, Limited Partnership, etc.)

1. **Trade name and address of the partnership**, if any. If not doing business under a trade-name, state NONE.

Trade name of partnership \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

2. **Name and residential address of each general partner** involved in the ownership of this rental facility. Give the telephone number of a least one responsible partner. If more space is needed, attach additional sheets.

a. General Partner

Name (first, middle, last) \_\_\_\_\_

Residential street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

b. General Partner

Name (first, middle, last) \_\_\_\_\_

Residential street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

c. General Partner

Name (first, middle, last) \_\_\_\_\_

Residential street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

d. General Partner

Name (first, middle, last) \_\_\_\_\_

Residential street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

e. General Partner

Name (first, middle, last) \_\_\_\_\_

Residential street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

f. General Partner

Name (first, middle, last) \_\_\_\_\_

Residential street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

C. CORPORATION

1. **Full legal name and business address of the corporation** which owns this rental facility. Give the state of incorporation.

Corporate name \_\_\_\_\_

Business street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

State of Incorporation \_\_\_\_\_

2. **Names, addresses, and the titles of the principal officers of the corporation.** Provide telephone numbers where they may be contacted.

a. Principal Officer's Title \_\_\_\_\_

Name (first, middle, last) \_\_\_\_\_

Residential street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

b. Principal Officer's Title \_\_\_\_\_

Name (first, middle, last) \_\_\_\_\_

Residential street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

c. Principal Officer's Title \_\_\_\_\_

Name (first, middle, last) \_\_\_\_\_

Residential street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

d. Principal Officer's Title \_\_\_\_\_

Name (first, middle, last) \_\_\_\_\_

Residential street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

3. If the corporation was not chartered by the State of Maryland, list the **name, address, and telephone number of its registered agent residing in the State of Maryland.** This agent must be able to accept service of process on behalf of the corporation named in part V-C-1 of this Application for a Rental Facility License. Agents must be registered with the State of Maryland Department of Licensing and Assessments, Baltimore, Maryland. Maryland Chartered corporations need not answer this question.

Name of registered Maryland agent \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

#### D. TRUST OR OTHER FORM OF FIDUCIARY RELATIONSHIP

**Name and address of the trustee or fiduciary responsible for the execution of all matters** pertaining to the day-to-day operation of this rental facility. Provide the name of the trust or the principal to said relationship.

Name of Trust \_\_\_\_\_

Court of Jurisdiction \_\_\_\_\_

Trustee's or fiduciary's name (first, middle, last) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone (     ) \_\_\_\_\_

#### VI. ASSIGNMENT OF AGENCY

If it is desired that the Director of the Planning and Code Administration deal with, negotiate with, or otherwise transact business with an agent of the owner, list the name, address, and phone number of such individual or firm. It shall be assumed that the agency thus created is complete and all-inclusive of the powers and authorities vested in the owner, unless otherwise stipulated. If it is desired that the Director deal directly with the owner of this rental facility, write NONE in the space below. If the name of a firm is provided, such firm must be a legal entity as recognized by State of Maryland Law.

☐ Individual or ☐ Firm

Firm or Agent's name (first, middle, last) \_\_\_\_\_

Name of responsible person at this firm \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone (     ) \_\_\_\_\_

#### VII. MANAGEMENT

If the **day-to-day management of the rental facility** is handled by a firm or individual other than the owner, list the name, address, and telephone number of such firm or individual. If the same as in Question VI, write SAME. If not applicable, write NONE.

☐ Individual or ☐ Firm

Firm or individual's name (first, middle, last) \_\_\_\_\_

Name of responsible person at this firm \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone (     ) \_\_\_\_\_

#### VIII. RESIDENT MANAGER

- A. If the rental facility possesses a **resident manager**, list the name and address of that individual. If there is no resident manager, write NONE in the space provided.

Name of resident manager (first, middle, last) \_\_\_\_\_

Street address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

## IX. LEGAL SERVICE OF PROCESS

If the owner of the rental facility does not reside in the State of Maryland, and if the agent assigned pursuant to Question VI of this application does not reside in the State of Maryland, the owner must provide the name, address, and telephone number of an agent who does reside in the State of Maryland and is qualified to accept service of process on behalf of the owner. If the owner does not reside in the State of Maryland, an agent **MUST** be shown. Check one.

- A. ☐ Owner resides in State of Maryland, or
- B. ☐ Owner does not reside in State of Maryland

List name, address, and telephone number of an agent who resides in the State of Maryland and is qualified to accept service of process on your behalf (may be the same as response for Question VI).

Agents name (first, middle, last) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## X. OWNER'S SIGNATURE

**I hereby swear (or affirm) under penalty of perjury that the information on this application for a rental facility license is true to the best of my knowledge and belief.**

Name of owner (type or print clearly) \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Corporate Officer or Trustee

\_\_\_\_\_  
Date

Name of co-owner, if appropriate (type or print clearly) \_\_\_\_\_

\_\_\_\_\_  
Co-owner's Signature, if appropriate

\_\_\_\_\_  
Date

Name of co-owner if appropriate (type or print clearly) \_\_\_\_\_

\_\_\_\_\_  
Co-owner's Signature, if appropriate

\_\_\_\_\_  
Date